

## **BOARDING AGREEMENT FORM**

| Cat's Name:   | Client's Name:  |  |  |  |
|---|---|--|--|--|
| Best Contact #:   | Emergency Contact #:  |  |  |  |
| Check In Date:  | Approx Check In Time:   |  |  |  |
| Check Out Date:   | Approx Check Out Time:  |  |  |  |
| Boarding D  | rop Off and Pick Up Times:  |  |  |  |
| Monday: 10:00am – 4:00pm Tuesday: 10:00am – 5:00pm Wednesday: 10:00am – 5:00pm Thursday: 10:00am – 5:00pm Thursday: 10:00am – 5:00pm Friday: 10:00am – 4:00pm  In order to check your cat in or out completely, we need at least 2 hours before we close or 2 hours after we open. Dropping off or picking up before or after the times listed above will result in an automatic \$50.00 charge.  I have read and acknowledged the additional fee for boarding drop off times above.  Your Cat's Current Health Status  ** IF YOUR CAT IS ON ANY MEDICATIONS YOU MUST FILL OUT THE BOARDING MEDICATION FORM** |   |  |  |  |
| Have you noticed any of the following?  | Please check all that apply.  |  |  |  |
| Sneezing or Discharge from Eyes or Nose?  Vomiting or Regurgitation?  Straining in the litter box?  Weight Loss or Weight Gain?  Please provide details of any of these or other many straining in the litter box?  | Coughing or Gagging?  Abnormally Loose or Dry Stool?  Increase in Drinking Water and/or Urine Volume?  Limping or Discomfort?  medical concerns to us: (If you need more room, write on back) |  |  |  |
|   |   |  |  |  |

## Diet & Feeding:

|                     |   | t you bring a supply of your cat's regular diet for their stay to<br>herwise, we will try to feed a comparable food from our supp |            |
|---------------------|---|---|------------|
| Please specify your | cat's dietary regimen below. Please lis | t the specific food(s) you feed below and check the appropri  | ate boxes. |
|                     |   |   |            |
|                     |   |   |            |
|                     |   |   |            |
|                     | □ Canned Food                           | □ Dry Food  |            |
|                     | Amount (cans):                          | Amount (cups):  |            |
|                     | Frequency:                              | Frequency:  |            |

## **Personal Belongings:**

We have an abundant supply of towels, blankets, bedding, and toys to keep your cat comfortable and happy. Personal items left may need to be washed and could be damaged or misplaced. Therefore, items with sentimental value should not be left. If you choose to leave personal items, please provide us a list of these items and any specific instructions you wish us to follow:

## **Medical Requirements for Boarding**

|  | 1. Examination by one of our veterinarians within the last 6 months/year subject to attending veterinarian's recommendations based on cats age and current health status.   |  |  |  |
|--|---|--|--|--|
|  | 2. Current vaccination status: FVRCP (Distemper/Upper Respiratory Viruses) and RABIES vaccinations are typically required every 3 years for most cats. Feline Leukemia vaccination is often required yearly for cats that go outdoors. Exact vaccine requirements are up to the discretion of The Cat Doctor Veterinary Staff.                        |  |  |  |
|  | 3. Feline Leukemia (Felv) and Feline Aids (FIV) status must be known for every boarding cat. Cats that have never been tested will need to be at the owner's expense. Cats that are outdoors and have exposure to other cats should be tested yearly.   |  |  |  |
|  | 4. Flea Preventative/ Treatment must be applied to your cat in the last 30 days. Cats not current on an approved flea preventative will need to be treated at the owner's expense.  |  |  |  |
|  | Is your cat on flea preventative? Which one?  |  |  |  |
|  | Revolution Advantage Frontline Cheristin  |  |  |  |
|  | Other?  |  |  |  |
|  | Approximate date when last applied to your cat?   |  |  |  |
| If your cat is past due for any of the above items, please discuss this with our staff. Your cat will need to be examined and these items updated at your expense. If your cat has had allergic reactions to vaccines or other medications, or has a medical condition that precludes these requirements, we will need to discuss and make exemption arrangements. |   |  |  |  |
| Our primary goal is the reasonable protection of all our boarders, patients, and staff from unnecessary exposure to infectious diseases.   |   |  |  |  |
| cat b  | that become ill, or do not eat for 36 hours will be examined by one of our veterinarians and may be treated at the owner's expense. If your becomes ill during their stay with us, our veterinary staff will need to examine your cat. Any treatments deemed necessary for the comfort of cat will be implemented immediately at the owner's expense. |  |  |  |
|  | I have read and accept The Cat Doctor's Boarding Policies and Fees:   |  |  |  |
|  | AUTHORIZED SIGNATURE DATE   |  |  |  |